## SINGLE FAMILY DEVELOPMENT PROGRAM NO-STEP ENTRANCE WAIVER FORM

## **Instructions:**

- 1. Please complete this form in its entirety.
- 2. Submit form, supporting documents (if any) no later than 30 days prior to the submittal of the Single Family Development Program application to Georgia Department of Community Affairs, Attention: Malisa Thompson, 60 Executive Park South, N.E. Atlanta, Georgia 30329

APPLICANT/OWNER INFORMA	ATION: (use separate form for each	n unit)
Entity Name:		
Unit Address:		
City:		Zip Code:
Contact Person:		
Phone:		
Fax:		
Email:		
PROJECT INFORMATION:		
Project Name:		
Street Address:		
City:		Zip Code:
New Construction Reconst	truction	
BASIS FOR THE WAIVER REQUIRED TO Please describe in detail costs association no-step entrance. Attach additional sufficient information is included. You existing slope/grade of the unit sit any of the state of the unit sit any	EST DUE TO COST:  iated with the project and all sheets to further illustrate must include all cost info	te factors or conditions to ensure formation, a site plan showing the
-		

## SIGNATURE: By signing this form, I certify that I understand all of the questions on this form, and that all of my answers represent a truthful and informed statement of conditions and costs. Signed: \_\_\_\_\_\_\_ Date:\_\_\_\_\_\_ Applicant/Owner DCA only: Waiver Approved: \_\_\_\_\_\_ Yes \_\_\_\_\_ No

Date:\_\_\_\_\_

Signed:\_\_\_\_\_\_
DCA Staff